|  |  |  |               |                |              |                  |            | Application or Docket Number |                 |     |                     |                                       |  |
|--|--|--|---------------|----------------|--------------|------------------|------------|------------------------------|-----------------|-----|---------------------|---------------------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 2003   |  |  |               |                |              |                  |            | 10/718,796                   |                 |     |                     |                                       |  |
| -  |  | CMA                                      |               |                | <del></del>  | OTUES            | 711001     |                              |                 |     |                     |                                       |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |  |               |                |              |                  |            |                              | NTITY           | OR  | OTHER<br>SMALL      |                                       |  |
| TC   | OTAL CLAIMS                                    | 14                                       |               |                |              |                  | R/         | TE                           | FEE             | ]   | RATE                | FEE                                   |  |
| FOR  |  |  | NUMBER FILED  |                | NUMBER EXTRA |                  | BASI       | C FEE                        | 385.00          | OR  | BASIC FEE           | 770.00                                |  |
| ТС   | TAL CHARGE                                     | ABLE CLAIMS                              | ) 4 minus 20= |                | * 6          |                  | XS         | 9=                           |                 | OR  | X\$18=              |                                       |  |
| INE  | EPENDENT C                                     | LAIMS                                    | 2 minus 3 =   |                | * Ø          |                  | X          | X43=                         |                 | OR  | X86=                | · · · · · · · · · · · · · · · · · · · |  |
| MU   | ILTIPLE DEPEN                                  | NDENT CLAIM P                            | RESENT        |                |              |                  |            | +145=                        |                 |     | +290=               |                                       |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |  |               |                |              | column-2         |            | TAL                          | <del> </del>    | OR  | TOTAL               | 77                                    |  |
|  |  |  |               |                |              |                  |            | IAL                          | L               | OR  |                     | 770                                   |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |  |               |                |              |                  |            | ALL                          | ENTITY          | OR  | OTHER<br>SMALL I    |                                       |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING                      |               | HIGH<br>NUMI   | BER PR       | PRESENT          | RA         | TF                           | ADDI-<br>TIONAL |     | RATE                | ADDI-<br>TIONAL                       |  |
|  |  | AFTER<br>AMENDMENT                       |               | PREVIO         |              | EXTRA            | 10112      |                              | FEE             |     |                     | FEE                                   |  |
|  | Total  | *  | Minus         | **             |              | =                | X\$        | 9=                           |                 | OR  | X\$18=              |                                       |  |
|  | Independent                                    | *  | Minus         | ***            |              | <u> -</u>        | X4         | 3=                           |                 | OR  | X86=                |                                       |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |               |                |              |                  | +14        | 5=                           |                 | OR  | +290=               |                                       |  |
| 1,7  |  |  |               |                |              |                  | T<br>ADDIT | OTAL                         |                 | OB  | TOTAL               |                                       |  |
|  | (Column 1) (Column 2) (Column 3)               |  |               |                |              |                  |            |                              | L               |     | ADDIT. FEE          |                                       |  |
| NDMENT B   |  | CLAIMS                                   |               | HIGH           | EST          |                  |            |                              | ADDI-           |     |                     | ADDI-                                 |  |
|  |  | REMAINING<br>AFTER                       |               | NUME<br>PREVIC |              | PRESENT<br>EXTRA | RA         | TE                           | TIONAL          |     | RATE                | TIONAL                                |  |
|  |  | AMENDMENT                                |               | PAID I         | FOR          |                  | <b> </b>   |                              | FEE             |     |                     | FEE                                   |  |
|  | Total  | *  | Minus         | **             |              | =                | X\$        | 9=                           |                 | OR  | X\$18=              |                                       |  |
| AMEND  | Independent                                    | *  | Minus         | . ***          | <u> </u>     | =                | X4         | 3=                           |                 | OR  | X86=                |                                       |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |               |                |              |                  | 1          | E                            |                 | 0.0 | +290=               |                                       |  |
| +145=<br>TOTAL   |  |  |               |                |              |                  |            |                              |                 | OR  |                     | •                                     |  |
| · ADI  |  |  |               |                |              |                  |            | FEE                          |                 | OR  | TOTAL<br>ADDIT. FEE |                                       |  |
|  |  | ì  |               |                | _            | 772              |            |                              |                 |     |                     |                                       |  |
| AMENDMENT C  | `  | CLAIMS<br>REMAINING                      | ,             | HIGHI<br>NUME  |              | PRESENT          |            |                              | ADDI-           | 7   |                     | ADDI-                                 |  |
|  |  | AFTER<br>AMENDMENT                       |               | PREVIO         |              | EXTRA            | RA         | ſΕ                           | TIONAL<br>FEE   |     | RATE                | TIONAL<br>FEE                         |  |
|  | Total  | *  | Minus         | **             |              | = .              | X\$        | 9=                           |                 | OR  | X\$18=              |                                       |  |
| ME   | Independent                                    | *  | Minus         | ***,           |              | =                | X43        |                              |                 |     | X86=                |                                       |  |
| ⋖  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |               |                |              |                  |            | <u></u>                      |                 | OR  | 7,00-               |                                       |  |
| +145=  |  |  |               |                |              |                  |            |                              |                 | OR  | +290=               |                                       |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  ADDIT. FEE |  |  |               |                |              |                  |            |                              |                 |     |                     |                                       |  |
|  |  | mber Previously Pa<br>ber Previously Pai |               |                |              |                  |            |                              | oropriate box   |     |                     |                                       |  |